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Food for thought : an ex-  
planatory study on children  
and healthy eating



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# *FOOD FOR THOUGHT*

An Exploratory Study on Children and  
Healthy Eating

*OVERVIEW REPORT*





Our mission is to help the people of Canada  
maintain and improve their health.

*Health Canada*



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## Preface

This report presents an overview of the findings of a qualitative study of Canadian children's broad perceptions of healthy eating concepts, and of their views of their own eating behaviours and the factors that influence their food choices. It is intended to contribute to the knowledge base about children and healthy eating, and to provide information for professionals, communicators and educators to use in interpreting *Canada's Food Guide to Healthy Eating* to children and, more generally, in educating children about healthy eating. The role of parents and other family members is important in shaping children's perceptions — for this reason, the report also reflects the views of the parents of the study children. The report was prepared by Nicholson Consultants, Inc., Ottawa.

**The opinions expressed in this report are those of the authors and contributors and do not necessarily reflect the official views of Health Canada.**



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## I Introduction

The Nutrition Programs Unit of Health Canada is mandated to promote and support the ability of Canadians to strengthen and maintain their healthy eating practices. The Unit's broad activities include fostering supportive environments and providing leadership in the areas of policy, programs, knowledge development, education and public awareness. One focus of the Unit's activities is children.

In December 1994, Health Canada commissioned Nicholson Consultants Inc. to conduct research into the views of children on healthy eating and related issues. The Children and Healthy Eating study was designed to develop the knowledge base about children's perceptions and awareness of healthy eating concepts and the factors influencing what they eat, and to identify promising avenues for promoting healthy eating and a positive self- and body-image to children aged six to twelve years from middle- to low-income families.

More specifically, the study sought to explore children's views of healthy eating, including the extent to which children are aware of *Canada's Food Guide to Healthy Eating* and its messages, any connections they make between physical activity, self- and body-image and healthy eating, their perceptions of their own eating patterns, and their perceptions of the impact of various factors on their eating behaviours. For each of these research objectives, the study team sought to determine whether there were significant differences in the perceptions and behaviour of younger versus older children, and the extent to which parents' views supported their children's perceptions.

Thirty-five focus groups were held with 144 families in urban centres across Canada — Ottawa (pre-tests), Halifax-Dartmouth, Hull (French-speaking families), Toronto and Winnipeg. In each city, local liaison consultants helped to identify a low- to middle-income neighbourhood and recruited participants through a local school or community centre. Each family received a small honorarium for taking part in the sessions. Participating schools also received a gift for their cooperation in the study.

Separate focus groups were conducted for each of the following groups: children between the ages of six and nine years; children aged ten to twelve years; and parents of the children in each of these groups. In the older age group, children were divided into groups of 10 or fewer, with boys and girls in separate groups; in the younger group, boys and girls were interviewed together in groups of five or fewer. Parents participated in focus groups with other parents of similar-aged children.

The resulting data summarize the range of participants' awareness and perceptions of healthy eating and related issues. Given the limited sample size, it cannot be claimed that the findings reflect the views of Canadian children and parents in general. Nor are the results intended to reflect the participants' *understanding* of healthy eating issues. Findings are briefly summarized below for each study theme.



## II Overview of the Research and Key Findings

### A. Perceptions of Healthy Eating

The term "healthy eating" is open to broad interpretation. One of the key research objectives was to develop an understanding of the children's perceptions of healthy eating, and, by investigating their parents' views, to gain a broader, family perspective of healthy eating.

The questions were designed to explore the overall importance of eating in children's lives — information that could help health educators to develop effective programs for both children and their parents. Did the children see eating (and healthy eating) more as a means to an end, or as an end in itself? Did each age group define healthy eating? How did the children's definitions compare to those of their parents?

The children were asked to explain their understanding of healthy eating in terms of foods that are part of a healthy eating pattern, and to give their opinions about the frequency and timing of eating. They were also asked to explain, from their perspective, *why* people eat. Is eating important as a source of energy, because the food tastes good or because it makes people grow? Finally, the children were asked whether or not they enjoyed the social aspect of eating.

#### Summary

The children in both age groups defined healthy eating as eating food which is good for you, keeps you healthy and gives you energy. The six- to nine-year-olds also talked about eating as being important for growth.

Both groups considered fruits and vegetables as the hallmark of healthy eating, a view shared by their parents. Milk was also among the foods most frequently mentioned by all the children as important to healthy eating. Probed about the place of candy, chips and soft drinks in the diet, both groups expressed the need to limit these foods.

The parents of both groups of children emphasized fruits and vegetables as specific foods that should be eaten in abundance in a healthy eating pattern, but they also talked more broadly about eating from the four food groups, eating a variety of foods and eating a balanced diet.

Breakfast was identified by children and parents alike as a particularly important meal.

#### Key Findings

The following study highlights may be useful to health educators and communicators in developing program plans and activities targeted to specific age groups. A number also suggest areas for further research.

1. *Most of the young children (aged 6-9 years) associated healthy eating with a single food item (e.g., apples, bananas).*

This suggests that young children need to know more about the food groups. In fact, the overall levels of awareness of food groups and healthy eating patterns were low enough to suggest that many of the children had not been introduced to these concepts. There is a need to continue and even step up basic education about the Food Guide and its messages to young children.

2. *The older children (aged 10-12 years) equated healthy eating most often with food groups.*

The older children interviewed were far more aware than their younger counterparts of the notion of the food groups named in the Food Guide. They did not appear to be aware of the broader concept of a healthy pattern of eating (i.e., a total diet approach which provides guidance on the selection of all foods). Unless prompted, older children did not identify that amount eaten, frequency or timing of eating were integral to healthy eating. This gap in awareness of the broader components of a healthy eating pattern suggests a need for further education among this age group.

3. *Consuming "other foods" in moderation was more acceptable to the children than to their parents.*

Children in both age groups studied did not appear to count such foods as candy, chips and soft drinks as being part of healthy eating, often labelling them "bad." Further, moderate consumption of these foods (occasionally, once a week, not every day) was acceptable. However, the parents expressed concern that their children consumed too much of these foods. Many of the parents reported eating and enjoying such foods themselves.

The three groups defined healthy eating in very different ways, suggesting that different approaches may be required for younger children, older children and parents — with the "entry point" for each group taking account of existing levels of awareness and eating patterns.

Areas for further study might include: determining whether children *understand* the concept of a pattern of healthy eating over time (determining the children's understanding of issues was beyond the scope of focus-group interviews); and further exploring how children's perceptions of what constitutes healthy eating compare to their actual consumption patterns.



## B Perceptions of Personal Eating Behaviour

Both groups of children were asked whether or not their own patterns of eating were healthy, and the parents were asked if their children practised healthy eating behaviours. All participants were probed about how the children could improve their eating habits.

### Summary

Both the younger and the older children perceived their own eating patterns to be healthy. In terms of eating particular meals, most children in both groups reported eating breakfast on the day of the focus group and, more generally, eating lunch every day. Neither children nor parents were questioned about the role of dinner.

The younger children's perceptions were supported by their parents. However, the older children's parents were more likely to report either that they were unsure how to rate their children's eating patterns or that their children did not have healthy eating patterns.

Ratings aside, both the children and the parents thought the children's eating patterns could be improved by increasing the amount of "healthy" food eaten — specifically the amount of fruits and vegetables — and by decreasing the amount of "junk food" eaten.

### Key Findings

The study findings highlight one major issue of potential interest to health educators and communicators.

1. *Both groups of children reported that they could improve their eating patterns by increasing the amount of fruits and vegetables eaten, and by decreasing the amount of "junk" food consumed. Their parents took the same view.*

Whether or not the children's consumption of fruits and vegetables was actually low was not determined from the study. Interestingly, none of the children suggested that eating more grain products would improve their eating. Taken together with the findings about healthy eating, these results suggest that children may need better information about the role of grain products in a healthy eating pattern and that they should be encouraged to look at their own eating patterns in light of the Food Guide messages.

All groups saw parents as the primary source of information and influence on children's eating patterns. Given their potential influence, parents may also need better information and education about the most recent Food Guide and its key messages.

### C. Awareness of Linkages to Self-Image, Body-Image and Physical Activity

"Enjoy eating well, being active and feeling good about yourself" — this concept and message is the basis of a Health Canada initiative called VITALITY. The program takes a positive approach to helping people achieve and maintain a healthy weight.

Although VITALITY was initially developed for Canadian adults, an objective of this study was to explore children's perceptions of the VITALITY concept and the VITALITY message as stated on *Canada's Food Guide to Healthy Eating*.

During the pre-test session, it became clear that children in both age groups had difficulty understanding the VITALITY message as presented on the Food Guide. For that reason, the questions related to VITALITY were eliminated completely for the younger children and were simplified for the older age group. The older children were asked if they saw a connection between appearance (body shape and size) and what they ate, between eating well and being active, and between eating well and feeling good about themselves. The parents of children in both age groups were asked if they thought their children made these connections. The older children and the parents of the children in both age groups were asked if the children ever changed their eating habits in order to change their body shape or size.

The avenue of enquiry related to VITALITY concepts focused on healthy eating, with questions intended to find out whether participants saw a connection between healthy eating and physical activity, and healthy eating and self-esteem. The VITALITY concept actually links all three of these issues which, taken together, were beyond the capacity of younger children to discuss in a focus group situation. This research study can, therefore, be considered to provide only a preliminary probe into children's perceptions of VITALITY concepts.

The lines of questioning pursued in this area were highly exploratory in nature. Researchers were aware of the potential sensitivities about appearance and self-esteem, especially among children aged ten to twelve years. Questions were carefully reviewed by an expert committee (including a child psychiatrist), and care was taken to ensure that participants would be comfortable discussing these issues in a group setting. Most focus groups included participants who appeared to be overweight — it is likely (but not certain) that all groups included those who *perceived* themselves as overweight. Both of these factors likely contributed to the overall results of the study.

## Summary

Parents of the younger children — except those who were described as being overweight — said they did not believe their children linked eating with appearance, activity or feeling good about themselves. The parents of children described as being overweight said that their children linked eating with appearance. The parents of the older children generally seemed to believe their children made linkages between eating, body image and self-esteem less often than their children actually reported.

While some children reported changing their eating behaviour in order to change their appearance (either to gain or lose weight), *most* parents did not corroborate this. Older children at all sites said they believed there was a link between eating and physical activity. However, many of their parents reported that their children did not make this link. None of the children studied appeared to link eating with self-esteem, and their parents corroborated this. Many of the parents also said they expected that their children would link eating patterns, body appearance and self-esteem as they got older.

The questions asked of the children relating healthy eating, activity, appearance and self-esteem and body-image placed eating as a point of reference for the other concepts. The children seemed to view eating more as a resource for living than as being specifically linked to feelings about themselves.

## Key Findings

The VITALITY message and its three components (enjoyment of healthy eating, physical activity and positive self-esteem) was discussed with limited success in the focus-group setting. While every effort was made to simplify the issues, and to address potential sensitivities effectively, the study findings are largely inconclusive. Findings of interest to health educators and communicators include:

1. *The younger children did not appear to identify linkages between healthy eating, activity and self-esteem. The older children appeared to link healthy eating with activity, but not to self-esteem. The parents of the older children said they did not believe their children made such linkages.*

These findings indicate that children do not make the links suggested by the VITALITY message as it appears on *Canada's Food Guide to Healthy Eating*. Study results do not suggest why these linkages are not made. It is possible that children have not been educated or informed adequately about these connections, or that making such abstract connections is beyond their ability (especially in the case of younger children). With young children, in particular, health educators can consider promoting the VITALITY concepts independently (i.e., encourage enjoyment of healthy eating, physical activity and positive self-esteem).



Future research into why these connections are not readily made by children could provide more concrete direction to health educators regarding what messages should be promoted to younger and older children, and how.

2. *While most of the parents reported that their children did not make links between the three components of the VITALITY message, some reported that their daughters aged 10 to 12 years weighed themselves.*

This finding suggests that these parents may not appreciate the significance of their daughters weighing themselves (i.e., that it indicates at minimum an interest in weight and appearance, and possibly a concern about being overweight). Health educators might provide parents with information and strategies for handling their daughters' interest in weight and body appearance — strategies that promote healthy eating, physical activity and positive self-esteem.

3. *Discussion among older children about linkages between the VITALITY concepts was of a preliminary nature.*

This finding suggests that focus groups are not the ideal method for investigating such personal issues as body appearance and self-esteem with older children. Most of the children in each group knew each other, at least to some extent, and many groups included children who were apparently overweight. These factors may have inhibited open discussion. Further research into these issues might best be undertaken through personal interviews, to allow all participants to speak more freely about themselves.

## D Perceptions of Influences on Eating Patterns

What do children see as their primary sources of information about eating and food? Who influences their eating behaviours? To what extent do children influence decisions about the foods purchased and meals prepared? Do parents agree with their children's views?

### Summary

Parents were named as the primary sources of information and influence on healthy eating by both the younger and the older children. The parents themselves also believed that they were a primary factor in influencing their children's eating behaviours.

The younger children said their schools were an important source of information. Their parents, on the other hand, perceived the schools to be less of an influence on their children than television. Most young children did not mention television as a source of information about food.

The older children mentioned their parents, schools and, less frequently, television, as sources of information and influence about food. Their parents, however, saw themselves as the main influence. School was also mentioned often by parents of the ten- to twelve-year-olds as an influence — particularly nutrition education initiatives. Television and peers were named with somewhat less frequency than schools as an influence on their older children.

For foods purchased and consumed at home, both the children and their parents perceived parents to be the primary decision-makers, with children's involvement being limited to breakfast, lunch and snack choices. Older children were more likely to prepare snacks for themselves in the home without parental assistance, whereas the younger children were more inclined to choose snacks which did not require any food preparation. The influence of children on food eaten at home was emphasized by parents at all sites, who claimed to base their decisions to a great extent on their children's preferences.

### Key Findings

The following findings might be useful to health educators and communicators in their work with children and families.

1. *The children and their parents both identified parents as the single most important influence on the children's eating patterns.*

While this is perhaps not a surprising finding, especially for younger children, it reinforces the need for health educators to consider the important role of parents when developing nutrition education activities. While parents may be the primary decision-makers on food purchases and preparation, the

results also show that children do make decisions about what they eat, and have an important influence on decisions parents make. These findings support the continued targeting of education programs to both children *and* parents.

2. *The children reported choosing snack foods that taste good and that need little or no preparation.*

The children studied said they liked snack food that they could reach (i.e., those stored on the counter, in the refrigerator), and that needed either no preparation (especially in the case of younger children) or little preparation (older children appeared quite willing to make sandwiches). Health educators can continue to provide suggestions to parents for nutritious snacks that are accessible by children, and that are both tasty to children and within the family food budget.

3. *The younger children did not see television as a source of information and influence on their eating patterns, while parents of both the younger and the older children reported that television was an important, and largely negative, influence on their children's eating patterns.*

The younger children (aged six to nine years) did not report television as influencing what they ate (or wanted to eat). That their parents viewed television as a major influence (after parents themselves, and school) suggests that parents can be encouraged to educate their children about the purpose of television advertising. This, combined with appropriate nutrition education, can help children to become knowledgeable consumers of food products promoted through television and other media advertising.

4. *School was identified as a major source of information and influence on eating patterns by both children and parents.*

The children and their parents mentioned the importance of both school nutrition education, and the more social influence of school on children's eating patterns. Parents of all the children (but especially the older ones) appeared to be impressed with nutrition education programs, but expressed concern about the lack of school food policies. Many reported that their older children were heavily influenced by the need to fit in, and the strong desire to eat the foods (i.e., expensive snack foods) that their friends ate. These findings suggest the need for health educators and communicators to work with school parent-teacher advisory groups to help shape school food policies supportive of healthy eating patterns.



## E. Awareness, Knowledge and Use of Food Guide

*Canada's Food Guide to Healthy Eating* is widely distributed across the country. Revised in 1992, the Food Guide was developed for Canadians aged four years and over. Testing of the Food Guide during its development was carried out primarily with adults. The Food Guide was designed to be a flexible guide that parents (and their school-aged children) can use in making food choices. Promoting a "total diet approach," the Food Guide is based on the principle that it is the overall pattern of eating (not any one food, meal or even a day's meals) that determines if an eating pattern is healthy.

An objective of this study was to determine awareness of the Food Guide among children aged six to twelve, and to find out the children's views and perceptions of the messages promoted in the Food Guide. Another study focusing on children's views of the Food Guide was conducted following the release of the Food Guide (Gust, Kathleen H., Gutsche, Sandra, Lohnes, Anne E., *Reactions to the New Canada's Food Guide to Healthy Eating by Groups of Adolescents and Children in Calgary, Alberta*. J. Can. Diet. Assoc. 1995: 56: 14-19). The findings of that study in Calgary were largely supported by the current national study.

Children were asked if they had ever seen or heard of *Canada's Food Guide to Healthy Eating* — the question was first asked unaided, then aided by a tear-sheet of the Food Guide. Their views on the purpose of the "rainbow" pattern of the Food Guide were probed, as were their perceptions of the messages "eat lower-fat foods more often" and — in the case of older children — "eat a variety of foods every day." Parents were asked about their own awareness and use of the Food Guide, and their views about their children's knowledge and awareness of the Food Guide.

### Summary

Unaided awareness of *Canada's Food Guide to Healthy Eating* ranged from between one quarter to one half of the children in both age groups, with awareness among Halifax children being low in both age groups. However, once presented with a sample, the majority of children in most sites said they were aware of the Food Guide.

Most parents were aware of at least some version of the Food Guide, with the parents of the younger children in Toronto and Hull reporting less familiarity with the new Food Guide than parents in other locations. For both the children and their parents, schools were the primary source or site of exposure to the Food Guide. The parents of the younger children seemed less certain of their children's familiarity with the Food Guide than the parents of the older children.

Understanding of *Canada's Food Guide to Healthy Eating* was very different in the two groups of children. The younger children described the Food Guide in general terms as showing healthy foods. For the most part, they could offer no explanation of the rainbow pattern. They frequently related the size of the rainbow bands to the number of foods shown on the band.

The older children seemed to have a better understanding of the concepts behind the Food Guide. Like the younger children, they described the Food Guide generally as showing healthy foods, but they also described it as showing the four food groups. With respect to the rainbow pattern, the older children's descriptions focused on the directive nature of the bands — that more foods should be chosen from the larger bands and fewer from the smaller bands. The older children also made reference to the larger bands having more food choices portrayed in them.

When asked about lower-fat foods, the younger children gave examples of fruits and vegetables most often, while older children gave examples of breads and cereals most often. Foods from all four food groups were identified much less frequently. When probed about the meaning of variety in the Food Guide, the older children most often suggested eating foods from each food group either at each meal or every day. Both the younger and older children commented on the absence of "junk" food in the Food Guide. Canada's Food Guide to Healthy Eating is used by many of the parents. Most described it as "something in the back of people's minds" or as a tool that reinforces current family eating practices.

## Key Findings

Several findings will be useful to health educators in planning program activities for children aged six to twelve years.

1. *While overall awareness of Canada's Food Guide to Healthy Eating was high among children studied, knowledge of the intended purpose of the Food Guide was very low among young children (aged 6 to 9 years).*

Although most of the younger children reported having seen the Food Guide, they were generally uncertain about its purpose and could offer no meaningful insights into why foods were arranged in the rainbow graphic on the Food Guide. Health educators should be aware of the low level of knowledge among this age group, planning program activities that promote better knowledge of the food groups. Alternative tools to the Food Guide might be explored to better aid the learning process for children aged six to nine.

2. *The study children remarked on the absence of "junk" food on Canada's Food Guide to Healthy Eating.*

The absence of a "junk" food band in the rainbow graphic of the Food Guide was noted, unprompted, by children in both age groups and across all cities. Health educators might address the issue of where these other foods fit into a healthy eating pattern — especially as some "junk" foods are enjoyed by both younger and older children.

3. *The children labelled foods as "good" or "bad."*

Study questions were carefully designed to avoid labelling foods as either "good" or "bad." Nevertheless, both younger and older children frequently categorized foods this way, identifying such foods as potato chips, candy, soft drinks as "bad," and vegetables, fruit and cheese as "good" or "healthy." Some commented that the "bad" foods tasted really good, and the "good" foods tasted bad. This dichotomization of foods ("good," "bad") is not helpful in developing positive attitudes toward eating. Health educators and communicators should avoid using such labels in their nutrition education activities, and should challenge children in their use of such terminology. Similarly, information aimed at parents should encourage them to help children understand that it is the sum total of *all* choices made over time that determines a healthy pattern of eating.

While health educators should continue to promote *Canada's Food Guide to Healthy Eating*, care should be taken to help children understand its core messages. Whether children (especially young children) have the ability to understand some of the Food Guide's more abstract concepts is not clear from study results. Learning tools specifically developed for younger children might serve educators' needs better than the tear-sheet of *Canada's Food Guide to Healthy Eating*.

Further research is needed to investigate children's abilities to understand the Food Guide's messages. While older children appeared to have better knowledge of Food Guide messages and concepts, the study results do not reveal why this is — is it the result of repeated exposure to the Food Guide, or is it that older children are better able to understand more abstract concepts?



## F. Enjoyment of Food and Eating

*Canada's Food Guide to Healthy Eating*, including the VITALITY message, encourages Canadians to enjoy eating. In fact, enjoyment of eating is a major aspect of Health Canada's promotion of nutrition to all Canadians.

In this study, both the children and their parents were questioned about the social aspects of eating and whether or not they found eating enjoyable. The children were asked to name their favourite foods and explain why they liked them. They were also asked whether or not eating ranked as one of their favourite activities. Parents were questioned about their favourite times to eat, and asked whether eating was enjoyable in their home.

### Summary

Eating was generally reported as an enjoyable activity in most homes. Many children in both age groups included eating as being among their favourite activities. Fruits, vegetables and pizza were listed as children's favourite foods regardless of their age, with taste being the primary factor that influenced their choices.

Their parents talked about enjoying meals like Christmas dinner or supper time which bring family together. Meals which allow lots of time for conversation (weekends were cited frequently) appeared to be favourites in all cities. Parents of the younger children were more likely than those of the older ones to report enjoying quiet times to eat without their children — for instance, after the children were in bed, before they were up in the morning, or after they had gone to school. Some parents complained about interruptions at meal times, from television and their children's friends. A more universally reported difficulty was finding the time to enjoy meals, as both parents and children (especially older ones) are often in a hurry to do other things.

### Key Findings

The following will be of interest to health educators.

#### 1. *The children studied appeared to enjoy eating.*

Children's enjoyment of eating was apparent not only from the words they used to describe what they like about eating and their favourite foods, but also from their body language. The children — especially the younger ones — expressed excitement about their favourite foods. The older children, while more low-key in their responses, also reported enjoying food and eating. Health educators can use this general enthusiasm as a basis for their nutrition education programs, and can build on children's interest in their own favourite foods.

2. *The younger children, the older children and the parents all appeared to have different perspectives on the importance of food and eating in their lives.*

While not directly probed in this study, the role of food and eating in the lives of children and parents interviewed surfaced frequently in the focus-group discussions. The younger children appeared to see eating as means of growing and getting stronger. The older children's reports suggest a broader interest in eating and food as a tool for building and maintaining energy and health.

Parents appeared to see eating even more broadly — as a principal social activity within the family. The study findings suggest that the role of food and eating evolves as people get older. While perhaps not a surprising finding, this information can help health educators in promoting healthy eating to both parents and their children. The activities and materials they develop can take into account the different perspectives and needs of family members, and parents can be encouraged to recognize and understand their children's values about food.

## **G. Cross-cutting Themes**

Two themes that were not specifically targeted for questioning in the focus groups emerged during discussions at all sites. The first — and by far most prominent — was the parents' keen interest in helping their children to eat well, and their reliance on some key strategies to achieve a positive eating environment at home. Virtually all the parents in all the cities expressed an (unprompted) interest in what their children ate, a confidence in their own ability to teach children, and a desire to continue improving and adapting their home environment to foster healthy eating habits.

A second, less prominent theme which cut across the other issues discussed related to food costs. Although raised by a minority of the parents, it was identified in all cities (but most frequently and fully discussed in Halifax and Hull).

### **Learning From Parents**

In general, the parents taking part in this study believed healthy eating to be important and reported working hard to establish a healthy eating environment in the home. The importance of the home environment was captured by the words of a Quebec parent who said, "I try to get them to eat as much at home as possible. Outside there is so much junk, it's hard to combat it all."

As mentioned elsewhere in this report, parents (and children) do not include "junk" food in their descriptions of a healthy eating pattern. The parents lamented their children's preference for these foods — "left on his own he'd eat more junk" and "I don't like giving him too much flexibility since he'll choose junk foods." (Winnipeg).

### **Strategies For Healthy Eating**

The parents reported employing one of two broad strategies to promote healthy eating at home: limiting the types of foods available to children in the home (i.e., having only foods that are acceptable to parents — usually meaning little or no "junk" food); and directing or encouraging children to make appropriate choices from foods available at home (including "junk" food).

A frequently mentioned strategy to limit the types of foods available in the home was to restrict the choices children could make at the grocery store. Many parents talked about the importance of not having foods available in the home that they would prefer their children not to eat. One said, "if you don't have 'junk' food around, the kids can't eat it." It was clear, however, that in most families interviewed "treats" are not completely eliminated from the home. Parents reported buying treats for special occasions or once a week.



Some parents talked about working with their children to encourage them to try healthy food choices that may be either unfamiliar or apparently disliked by the children. A Quebec parent captured this approach: "I ask him to try new things. Just a taste at least," as did a Halifax mother: "I tell her to eat half of the food she doesn't want. That's the deal."

Overall, the parents' reporting suggested that they were trying to give their children a balanced view about eating and nutrition. Very few of them appeared to be extremely rigid about their children's food choices or in their management of the home food environment. A firmer hand in food choices was expressed by a few parents — "I'll make a dinner and they have to eat it whether they like it or not," said one Winnipeg parent. In general, parents in all cities appeared to care very much about what their children ate, and their reports indicated that they worked hard to create an environment in which food was both enjoyable and nutritious.

### The Cost Factor

The cost of food was a theme raised by some parents at every site. More parents in Halifax and Quebec talked about the cost of food than in the other two focus-group sites. When cost was raised, it was usually in the context of making food choices — cost appears to influence many parents' food purchases.

Of the parents who were concerned about cost, many commented that if they took their children food shopping, they would end up buying more of certain types of food — frequently snack foods — and would pay more, overall, than if they had gone without the children. Some parents (notably in Halifax) acknowledged that cost was the factor that limited their families' choice of snack foods — with some snacks that the children wanted being outside of the family's food budget.

A few parents complained that "healthier" choices are more expensive — one said, "eat fruits and vegetables if you can afford it," while another's view was that "some of the best food is the most expensive." Parents talked about buying "whatever I can afford to have in the house" (Halifax), and "the price of food affects what I can serve" (Quebec).

### III Summary of Key Findings and Conclusions

#### Key Findings

The findings of this research study have provided many insights into what and how children and their parents think about healthy eating and related issues. The findings reported are intended to inform other Health Canada initiatives related to healthy eating for children, and will be shared with health professionals, educators and communicators to provide direction in program planning. The research also suggests further avenues of enquiry for delivering the healthy eating and VITALITY messages — for instance, exploring the role that television might play in the promotion of healthy eating behaviour, given both parents' and older children's perceptions of the influence of television on food choices and preferences. Key findings for all themes explored in the study are summarized below.

#### *Perceptions of healthy eating*

- Most of the younger children (aged six to nine years) associated healthy eating with a single food item (e.g., apples, bananas), while older children (aged ten to twelve years) associated healthy eating most often with food groups.
- Consuming "junk" foods in moderation was more acceptable to children than to parents.

#### *Perceptions of personal eating behaviour*

- Both groups of children reported that they could improve their eating patterns by increasing the amount of fruits and vegetables eaten, and by decreasing the amount of "junk" food consumed. Parents' suggestions for their children were the same.

#### *Awareness of linkages to self-image, body-image and physical activity*

- While most parents reported that their children did not make links between the three components of the VITALITY message, some reported that their daughters aged ten to twelve years weighed themselves.
- Young children did not appear to identify linkages between healthy eating, activity and self-esteem. Older children appeared to link healthy eating with activity, but not to self-esteem. Parents of older children said they did not believe their children made such linkages.
- Discussion among older children about linkages between the VITALITY concepts was of a preliminary nature.

### *Perceptions of influences on eating patterns*

- Both the children and their parents identified parents as the single most important influence on the children's eating patterns.
- The children reported that taste was extremely important to them, and that they chose snack foods that needed little or no preparation.
- The younger children did not see television as a source of information and influence on their eating patterns, while the parents of both the younger and the older children perceived television to be an important, and largely negative, influence on their children's eating patterns.
- Both the children and their parents identified school as a major source of information and influence on eating patterns.

### *Awareness, knowledge and use of Food Guide*

- While overall awareness of *Canada's Food Guide to Healthy Eating* was high among children studied, knowledge of its intended purpose was very low among the younger children (aged six to nine years).
- The younger children, the older children and the parents all appeared to have different perspectives on the importance of food and eating in their lives.



## Conclusions

Many of the findings will undoubtedly support the knowledge gathered by health educators through their hands-on experience with children. For example, taste, ease of preparation and accessibility of healthy food appeared to be key factors influencing whether children and their parents incorporated nutritious eating into the household.

The children as well as their parents said that children should eat more vegetables and fruit to improve their eating patterns. Further research into the relationship between these statements and actual consumption patterns would give educators more precise direction about where education is needed.

The VITALITY message, as it appears on *Canada's Food Guide to Healthy Eating*, links enjoyment of healthy eating, physical activity, and positive self-esteem. The children studied did not connect these three concepts. Research into the best ways to promote the VITALITY message among school-aged children would provide direction to health educators. Especially with older children, this research should be carried out through personal interviews.

Parents were recognized by both the parents and the children as the major decision-makers about food purchases and preparation. Parents were also identified as the major influence and source of information for children about food and eating. Parents appear to play equally important roles as teachers and as role models. In fact, many parents remarked that their own behaviour was the most important influence on their children's eating habits. Health educators should continue, and even increase, their efforts to educate children and parents alike about healthy eating. Given the influence that parents appear to have on their children's patterns, they may also be important role models for passing the VITALITY message on to their children.

Most children and parents studied reported being aware of *Canada's Food Guide to Healthy Eating*. The younger children knew little about the purpose of the Food Guide, while the older ones understood its message about the four food groups. The parents appeared to have the most knowledge about the Food Guide, and to use it subconsciously as a planning tool. Health educators should continue promotion of the Food Guide and its messages, with effort targeted to all three groups studied.

The fact that healthy eating was reported as a highly enjoyable activity by children and their parents should provide all educators promoting the healthy eating message with a positive base from which to continue their work.









